

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NUMBER	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		45	7/1
FORMALITY REVIEW			7/18/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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12	✓	✓	
13	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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